

PTO/SB/97 (08-03)

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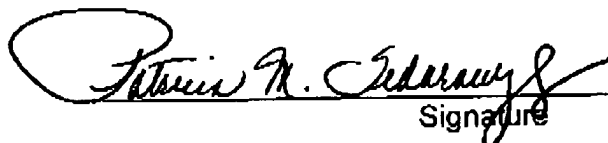
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ATTACHED: - PETITION FOR ONE MONTH EXTENSION, PTO/SB/22,
in duplicate;

- AMENDMENT - 10 pages; and
- FEE TRANSMITTAL (PTO/SB/17), in duplicate.

CUSTOMER NO.: 24498

Serial No.: 10/561,142

Docket No.: PF030103

Art Unit: 2114

Examiner: Bradford A. Rodgers-Farmer

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET:15

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND

PTO/SB/17 (01/06)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL for FY 2007		Application Number	10/661,142
		Filing Date	December 19, 2005
		First Named Inventor	Ben Van Haegendoren
		Examiner Name	Bradford A. Rodgers-Farmer
		Art Unit	2114
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PF030103
TOTAL AMOUNT OF PAYMENT		(\$)	120.00

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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 07-0832		Deposit Account Name: THOMSON LICENSING LLC	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee Paid (\$)
Each claim over 20 (Including Reissues)	50	25	
Each independent claim over 3 (Including Reissues)	200	100	
Multiple dependent claims	360	180	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x	\$50	= \$
HP = highest number of total claims paid for, if greater than 20.			

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x	\$200	= 0
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		


4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **FEE FOR THREE MONTH EXTENSION - \$1020.00**

Fees Paid (\$)

\$120.00

SUBMITTED BY		Registration No		36,269		Telephone		(609) 734-6828	
Name (Print/Type)		ROBERT D. SHEDD		Attorney/Agent					
Signature								September 29, 2008	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to be used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1400, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4515).		Complete If Known	
FEE TRANSMITTAL for FY 2007		Application Number	10/561,142
		Filing Date	December 19, 2005
		First Named Inventor	Ben Van Haegendoren
		Examiner Name	Bradford A. Rodgers-Farmer
		Art Unit	2114
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PF030103
TOTAL AMOUNT OF PAYMENT (\$)		120.00	

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<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <u>07-0832</u>		Deposit Account Name: <u>THOMSON LICENSING LLC</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	
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Plant	200	100	300
Reissue	300	150	500
Provisional	200	100	0
EXAMINATION FEES		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee Paid (\$)
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Plant	200	100	300
Reissue	300	150	500
Provisional	200	100	0
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Each claim over 20 (including Reissues)		Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)		50	25
Multiple dependent claims		200	100
Total Claims		360	180
Extra Claims		Fee (\$)	Fee Paid (\$)
- or HP =		\$60	\$
HP = highest number of total claims paid for, if greater than 20.			
Independent Claims		Fee (\$)	Fee Paid (\$)
- or HP =		\$200	0
HP = highest number of independent claims paid for, if greater than 3.			
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- 100 =	/ 50 =	(round up to a whole number) x	=
4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			Fee Paid (\$)
Other (e.g., late filing surcharge): FEE FOR THREE MONTH EXTENSION - \$1020.00			\$120.00

SUBMITTED BY				
Name (Print/Type)	ROBERT D. SHEDD	Registration No. (Attorney/Agent)	36,289	Telephone
Signature	<i>R. Shedd</i>			(609) 734-6828
				September 29, 2008

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